

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90113 037 ****61.25

DOCUMENT # 765677

1. Entity Name
**AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH
FLORIDA CHAPTER, INC.**



Principal Place of Business

**% JEFFREY A. BERNSTEIN
100 N BISCAYNE BLVD #2608
MIAMI FL 33132
US**

Mailing Address

**% JEFFREY A. BERNSTEIN
100 N BISCAYNE BLVD #2608
MIAMI FL 33132
US**

20004201



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2237894**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, JEFFREY A.
100 N. BISCAYNE BLVD
STE 2608
MIAMI FL 33132**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **KRAMER, MARY**
STREET ADDRESS **168 SE 1 STREET**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ Change ☒ Addition
NAME **MURPHY, Timothy**
STREET ADDRESS **201 S Biscayne Blvd. #1500**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☐ Delete
NAME **DOMINGUEZ, MARIA**
STREET ADDRESS **16400 NW 32 AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTINEZ-ESQUIVEL, LOURDES**
STREET ADDRESS **2600 S DOUGLAS RD #1108**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROSE, JONATHAN**
STREET ADDRESS **155 SOUTH MIAMI AVENUE PH1**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BERNSTEIN, JEFFREY A**
STREET ADDRESS **100 N BISCAYNE BLVD #2608**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **DEVORE, JEFFREY**
STREET ADDRESS **2555 PALM BEACH LAKES BLVD. 1501**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey A. Bernstein **JEFFREY A. BERNSTEIN** Treasurer 1/7/03 305-371-4555

CR2E037 (10/02)